

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

689

State File No. ....

22720  
 DIED JAN 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>5</u>			
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>1urb</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERSAILLES</u>		b. COUNTY <u>6710</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph</u>				d. STREET ADDRESS (If rural, give location) <u>VERSAILLES</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elfie</u>			b. (Middle) _____		c. (Last) <u>ANDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-17 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>22 Nov 1868</u>		9. AGE (In years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>		11. BIRTHPLACE (State or foreign country) <u>MORGAN-Co-MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph-Howard</u>			13b. MOTHER'S MAIDEN NAME <u>SALLY ANN Woody</u>			14. NAME OF HUSBAND OR WIFE <u>FRANK-ANDERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK-ANDERSON-</u>				ADDRESS <u>VERSAILLES</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Hypertensive arteriosclerotic Cardiovascular disease</u>				DUE TO (c) _____				15 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis</u> <u>Emphysema</u>				3 weeks				unknown	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>					
22. I hereby certify that I attended the deceased from <u>Jan 12, 1952</u> to <u>Jan 17, 1952</u> , that I last saw the deceased alive on <u>Jan 17, 1952</u> , and that death occurred at <u>5 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. Neukerman M.D.</u>				23b. ADDRESS <u>Boonville-MO</u>			23c. DATE SIGNED <u>18 JAN 52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>20 JAN 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION</u>		24d. LOCATION (City, town, or county) (State) <u>MORGAN-Co MO</u>			
DATE REC'D BY LOCAL REG. <u>1-18-52</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ruth M. Rays</u>		ADDRESS <u>ELDON MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 21 1952

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed JAN 21 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Keith M. Faye

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.